



CITY OF DURHAM

Durham Parks and Recreation

101 CITY HALL PLAZA | DURHAM, NC 27701

Physical Address: 400 CLEVELAND STREET | DURHAM NC 27701

919.560.4355 | F 919.560.4021

www.durhamnc.gov



Special Programs/Inclusion Skills Inventory

Participants Name: _____ DOB: _____

Diagnosis: _____

Emergency Contact: _____ Number: _____

Date completed: _____ Completed by: _____

Please fill out this form as completely and accurately as possible. The information will be used to better serve the participant in our programs.

Skills	Needs Total Assist	Needs Min Assist and/or Prompting	Completely Independent	
Feeding	1	2	3	4
Toileting	1	2	3	4
Dressing/Changing clothes	1	2	3	4
Ties shoes	1	2	3	4
Washes hands	1	2	3	4
Brushes teeth and hair	1	2	3	4
Manipulates scissors/glue	1	2	3	4
Draws shapes/other objects	1	2	3	4
Makes decisions	1	2	3	4
Maintains balance	1	2	3	4
Has basic ball skills	1	2	3	4
Able to run, jump, skip	1	2	3	4

Please explain any prompting or assistance needed with any of the above items _____

Skills	<i>Never</i>		<i>Sometimes</i>		<i>Always</i>
Asks for assistance when needed	1	2	3	4	5
Completes projects/assignments	1	2	3	4	5
Plays well with others	1	2	3	4	5
Waits for his/her turn	1	2	3	4	5
Shares with peers	1	2	3	4	5
Follows directions	1	2	3	4	5



CITY OF DURHAM

Durham Parks and Recreation

101 CITY HALL PLAZA | DURHAM, NC 27701

Physical Address: 400 CLEVELAND STREET | DURHAM NC 27701

919.560.4355 | F 919.560.4021

www.durhamnc.gov



Staff Comments:

Mobility

- ☐ Physically independent
☐ Physically Independent but may have problems with rough terrain, stairs, or inclines
☐ Partially mobile
☐ Uses mobility aid (type: _____)

Communication

- ☐ Verbally independent
☐ Verbal, but may be difficult to understand
☐ Speech impairment
☐ Uses communication aid (type: _____)
☐ Uses sign language (☐ some sign including basic needs, ☐ fluently)
☐ Nonverbal
☐ Uses schedule (☐ Written ☐ Line Drawn ☐ Photo ☐ Object)

Receptive – How does the participant understand or receive information?

- ☐ Sentences ☐ Short phrases ☐ One word ☐ Lip reads
☐ Signs ☐ Gestures ☐ Pictures ☐ Objects
☐ Reads sentences ☐ Reads 2-3 word phrases ☐ Reads single words

Expressive – How does the participant communicate with others or express information?

- ☐ Sentences ☐ Short phrases ☐ One word ☐ Signs
☐ Gestures ☐ Writing ☐ Pictures ☐ Objects

Safety Issues

	<u>Needs 1:1 supervision</u>		<u>Completely understands</u>
Understands non-edibles should not be put in mouth	1	2	3
Understands danger of sharp objects and knows how to properly use	1	2	3
Understands water safety	1	2	3
Understands danger of streets	1	2	3
Understands the importance of leaving emergency devices alone, unless for an emergency (fire extinguishers, emergency exits, emergency alarms, etc.)	1	2	3

Staff Comments:



CITY OF DURHAM

Durham Parks and Recreation

101 CITY HALL PLAZA | DURHAM, NC 27701

Physical Address: 400 CLEVELAND STREET | DURHAM NC 27701

919.560.4355 | F 919.560.4021

www.durhamnc.gov



Behavior

- | | | |
|---|--|---|
| <input type="checkbox"/> Social | <input type="checkbox"/> Compliant | <input type="checkbox"/> Helpful |
| <input type="checkbox"/> Cautious | <input type="checkbox"/> Withdrawn/shy | <input type="checkbox"/> Easily discouraged |
| <input type="checkbox"/> Short attention span | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Running away/wanders |
| <input type="checkbox"/> Refusing activity | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Temper tantrums |
| <input type="checkbox"/> Biting others | <input type="checkbox"/> Hitting others | <input type="checkbox"/> Kicking others |
| <input type="checkbox"/> Spitting | <input type="checkbox"/> Screaming | <input type="checkbox"/> Self-Injurious |
| <input type="checkbox"/> Throwing objects | <input type="checkbox"/> Verbally aggressive | Other: _____ |

Are there any warning signs that may signal the above behaviors before they occur? _____

Management Techniques

- ☐ Make requests and wait for compliance
- ☐ Use firm voice
- ☐ Pair verbal requests with visual cues (i.e. tap chair when asking to sit down)
- ☐ Offer reward for compliance (if ___ then you can ___)
- ☐ Avoid _____ (i.e. loud noise),
- ☐ Give warning prior to changing activities or routine.
- ☐ Time-out

Other: _____

Supervision

What level of assistance or supervision does the participant usually require?

- ☐ Can function independently in all or almost all settings with only occasional supervision
- ☐ Can function independently for short periods of time and can be supervised in a group with 1 staff and several other participants the rest of the time
- ☐ Generally can function in a group with a supervisor and 2-3 other participants; needs 1:1 supervision only during specific activities
- ☐ Needs 1:1 supervision throughout the day
- ☐ Needs more than one staff with him/her all day or when agitated/upset

Staff Comments:

Aquatics

The Participant . . .

Yes

No

fears water/will not get in water willingly

is comfortable in shallow water (waist deep)

is comfortable in water over his/her head

requires floatation device at all times

can swim independently without a floatation device

can swim the length of the pool without assistance



CITY OF DURHAM

Durham Parks and Recreation

101 CITY HALL PLAZA | DURHAM, NC 27701

Physical Address: 400 CLEVELAND STREET | DURHAM NC 27701

919.560.4355 | F 919.560.4021

www.durhamnc.gov



needs a hydraulic lift to enter and exit the water

needs assistance entering and exiting the water

can enter and exit the water independently

may have bowel movement in the water

drinks pool water

I do not know how the participant does in the water

Additional Information that will be helpful when working with the participant in the water:

Likes, Dislikes and Reinforcement

Likes

Activities: _____

Food/Snack: _____

Toys/Songs/Color: _____

Other: _____

Dislikes

Activities: _____

Food/Snack: _____

Toys/Songs/Color: _____

Other: _____

Fears/Phobias: _____

Reinforcement

Preferred Activity: _____

Food/Snack: _____

Tokens/Object: _____

Other: _____

Schedule of Reinforcement:

_____ Completion of task or activity _____ End of activity period _____ End of Day

_____ Fixed time interval: _____ _____ Other: _____

Goals to Work on

_____ ↑ Social Skills _____ Hands/objects to self _____ ↑ Understanding of safety issues

_____ ↑ Group Participation _____ ↑ Personal Hygiene _____ Express emotions appropriately

_____ ↑ Reading Skills _____ Transitioning _____ Respect for adults & peers

_____ ↑ Communication Skills _____ ↓ Inappropriate behaviors Other: _____

_____ ↑ Money skills

Comments: _____



CITY OF DURHAM

Durham Parks and Recreation

101 CITY HALL PLAZA | DURHAM, NC 27701

Physical Address: 400 CLEVELAND STREET | DURHAM NC 27701

919.560.4355 | F 919.560.4021

www.durhamnc.gov



Other Special Care needs or Comments

Additional Staff Comments:

If you are a teacher or caregiver other than the participant's parent/guardian, may we contact you for additional information about the participant, if needed? ____ yes ____ no

If yes, please complete contact information below.

Name _____

School/Program _____

Phone _____ Email _____